2005 INDIVIDUAL DECLARATION OF ESTIMATED INCOME TAX

FOR OFFICIAL USE ONLY

FOR CALENDAR YEAR 2005 OR _ MONTHS ENDING



A legally filed declaration must be signed, dated and accompanied by payment. The safest and easiest way to declare is to estimate this year's taxes based on last year's taxable income. Mail To: Cincinnati Income Tax Bureau, 805 Central Avenue Suite 600, Cincinnati, OH 45202-5756, on or before APRIL 30, 2005 or within 4 months after your tax period begins.

ACCT#	YOUR SO	R SOCIAL SECURITY NUMBER								SPOUSE'S SOCIAL SECURITY NUMBER										
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	SPOUSE'S	LAST	NAME						_	SPO	USE'S	S FII	RST N	AME				<u> </u>	M.I.	
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IS BLANK OR THE PREPRINTED INFORMATION IS INCORRECT.	4	TT		П	П				T			T			П	Т	Т	П	П	
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1. ESTIMATED 2005 TAXABLE INCOME			•		J A 2.	.1%	= E	5111	VIA I	ED	IAA		ш		_			J•∟		
2. LESS ALLOWABLE CREDITS, IF ANY a. CINCINNATI TAX TO BE WITHHELD B'	Y YOUR EI	MPLO	YER.												\perp	\perp	\perp].[
b. INCOME TAX NOT OVER 2.1% PAYABI	(E TO ANC	THEI	р СІТ	V RV	CINC	~IN	NI A T	ים זי	7 CII)EN'	г				T		T	7. [
b. INCOME TAX NOT OVER 2.1% PAYABLE TO ANOTHER CITY BY CINCINNATI RESIDENT																				
3. BALANCE OF 2005 ESTIMATED TAX				• • • • • • • • • • • • • • • • • • • •								l					丄]. [
The undersigned declares this to be a true, correct	t and			CT O	. —															
complete declaration of estimated Cincinnati income tax TAX IF YOU REQUESTED TRANSFER ON YOUR 2004 RETURN												\Box								
for the year 2005.		}	YOUR	2004	RET	UK	N	• • • • •	• • • • •		• • • • • •		Ш		_			J∙L		
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		7	ΓAX F	PAYM	ENT										_		Щ	J.L		
SIGNATURE DATE 6. AMOUNT TO BE PAID WITH YOUR																				
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		(1	1/4 of	Line 3	minı	us L	ine 4	1)	••••		• • • • •	•••	Ш		_			J∙L		
EXPLANATION OF I	NEW TAX	KPAY	ER C	OR O	F CE	HA.	NGI	E O	F T.	AX	STA	TU	S							
AT THE PRESENT TIME	DATE BEG	AN	PR	OR T	O PR	ESF	ENT	ГІМ	E		DATI	ES		FRO	ЭM		T	0		
BUSINESS LOCATION OR									_									_		
PLACE OF RESIDENCY			l																	
TYPE BUSINESS OR OCCUPATION, ETC.																				
EMPLOYER'S NAME																				
BUSINESS CONDUCTED																				
OR WORK DONE IN (CITY)																				
GENERAI	L INFOR	RMA	TIO	N &	INS	ST	RU	CI	Oľ	NS										

2005 DECLARATION AND RETURN PAYMENT CALENDAR

APRIL 30, 2005 JULY 31, 2005 OCT. 31, 2005 JAN. 31, 2006_ **APRIL 30, 2006** MAKE 2ND QUARTERLY MAKE 3RD QUARTERLY MAKE 4TH QUARTERLY FILE DECLARATION FILE RETURN. PAY PAYMENT WITH 1/4 PAYMENT **PAYMENT PAYMENT** ANY BALANCE DUE.

Within four months after beginning a new business or taking a new job, etc. everyone whose entire tax liability will not be withheld by an employer must file a Declaration. If filing your first Declaration, or if your tax status has changed during the past year, offer an appropriate additional explanation above or by attachment. Please notify the tax office promptly of any later changes. If your form is blank, or your name, address and account number have been preprinted and the information shown is *not* correct, please make necessary changes in the boxes above.

The three months prior to the Declaration due date should provide a reasonably accurate basis from which most taxpayers (wage earners in particular) can estimate the current year's income. An original estimate can and should be amended if subsequent events indicate it to be grossly in error. If impractical to base this year's estimate as suggested, refer to last year's actual taxable income as indicated on your return. An estimate based on an amount equal to or greater than the last full year's taxable income is insurance against any penalty on underestimating for Cincinnati purposes.

Make your own income and estimated tax entries on Lines 1 thru 3. If you overpaid last year's tax and requested transfer of same towards this year's estimated tax, enter the amount on Line 4. Then deduct it from Line 3 and enter the difference on Line 5.

Line 5 represents the net amount of your estimated tax payable this year either in full with the filing of this Declaration or in installments as indicated by the payment calendar. Enter on Line 6 the amount of remittance accompanying your Declaration - and please retain records for future reference.

D-1 QUARTERLY PAYMENT OF ESTIMATED NET PROFIT TAX

FOR OFFICIAL USE ONLY

CINCINNATI INCOME TAX BUREAU P O BOX 640770 CINCINNATI OH 45264-0770

2005

		ACCOUN'	Γ#:
Enter you	ır name and address here	FED ID#:	
		SSN#:	
		TAX RAT	E:
		DUE DAT	E: JULY 31, 2005
AMOUNT D	OUE: \$,
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		D-1 QUARTERLY PAYMENT OF F	ESTIMATED NET PROFIT TAX
		CINCINNATI INCOME T P O BOX 640770 CINCINNATI OH 45264-0	2005
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DATE	PHONE ()	SIGNATURE	TITLE
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